



<mmmm dd, yyyy>

<NAME>  
<ADDRESS>  
<CITY STATE ZIP>

I.D. #: \*SSN\*

Dear <Name>:

Basic Health (BH) records show the dependent listed below will turn age 19 in <MONTH>.

**<MEMBER NAME>**

Because your dependent is turning age 19, (s)he is no longer eligible to be enrolled on your account and needs to establish his or her own account. If (s)he wishes to continue BH coverage under a separate account, (s)he can complete and return the enclosed application, and all required documentation.

If we do not receive the required information within 20 days of the date on this letter, we will assume that your dependent no longer wishes to continue BH coverage, and **(s)he will be disenrolled and removed from your account effective 12:01 a.m. on <mm/dd/yy>.**

If your dependent is removed from your account without establishing his or her own account, (s)he will have a break in coverage and may have to wait until space is available to enroll.

If you disagree with a decision made by BH, or believe an action taken on your account was incorrect, please refer to the enclosed document for complete instructions on how to resolve the issue. Please be sure to follow the instructions completely to maintain your appeal rights.

If you have questions, please call us at 1-800-660-9840.

Sincerely,

*Basic Health*

Enclosures